

STATE OF WASHINGTON
DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH



CERTIFICATE NUMBER: [REDACTED]

FIRST AND MIDDLE NAME(S): JAMES W
LAST NAME(S): MASON

COUNTY OF DEATH: KING
DATE OF DEATH: MAY 13, 2018
HOUR OF DEATH: 12:40 AM
SEX: MALE AGE: 92 YEARS
SOCIAL SECURITY NUMBER: [REDACTED]

HISPANIC ORIGIN: NO, NOT SPANISH/HISPANIC/LATINO
RACE: WHITE

BIRTH DATE: [REDACTED] 1925
BIRTHPLACE: CUBA, IL

MARITAL STATUS: WIDOWED
SPOUSE: NOT APPLICABLE

OCCUPATION: CHIEF OF THE BOAT
INDUSTRY: U S NAVY
EDUCATION: HIGH SCHOOL GRADUATE OR GED COMPLETED
US ARMED FORCES: YES

INFORMANT: [REDACTED]
RELATIONSHIP: DAUGHTER
ADDRESS: [REDACTED], PORT ORCHARD, WA 98367

CAUSE OF DEATH:
A: SUBDURAL AND SUBARACHNOID HEMORRHAGE
INTERVAL: DAYS
B: BLUNT FORCE INJURIES OF HEAD
INTERVAL: DAYS
C:
INTERVAL:
D:
INTERVAL:

OTHER CONDITIONS CONTRIBUTING TO DEATH:

DATE OF INJURY: MAY 12, 2018
HOUR OF INJURY: 12:50 AM
INJURY AT WORK: NO
PLACE OF INJURY: CASCADE BEHAVIORAL HEALTH
LOCATION OF INJURY: 12844 MILITARY RD S
CITY, STATE, ZIP: TUKWILA, WASHINGTON 98168
COUNTY: KING
DESCRIBE HOW INJURY OCCURRED: GROUND LEVEL FALL

IF TRANSPORTATION INJURY, SPECIFY: NOT APPLICABLE

PLACE OF DEATH: HOSPITAL
FACILITY OR ADDRESS: HIGHLINE MEDICAL CENTER
CITY, STATE, ZIP: BURIE, WASHINGTON 98166

RESIDENCE STREET: [REDACTED]
CITY, STATE, ZIP: PORT ORCHARD, WA 98367
INSIDE CITY LIMITS: NO COUNTY: KITSAP
TRIBAL RESERVATION: NOT APPLICABLE
LENGTH OF TIME AT RESIDENCE: 44 YEARS

FATHER/PARENT: LINOEL THOMAS MASON
MOTHER/PARENT: AMY FLORENCE DAVIES

METHOD OF DISPOSITION: [REDACTED]
PLACE OF DISPOSITION: [REDACTED]

CITY, STATE: PORT ORCHARD, WASHINGTON
DISPOSITION DATE: MAY 22, 2018

FUNERAL FACILITY: PENDLETON-GILCHRIST FUNERAL HOME, INC.

ADDRESS: 1151 MITCHELL AVENUE
CITY, STATE, ZIP: PORT ORCHARD, WASHINGTON 98366
FUNERAL DIRECTOR: MARK RILL

MANNER OF DEATH: ACCIDENT
AUTOPSY: NO
WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE
CAUSE OF DEATH: NOT APPLICABLE
DID TOBACCO USE CONTRIBUTE TO DEATH: NO
PREGNANCY STATUS IF FEMALE: NO RESPONSE

CERTIFIER NAME: NICOLE YARID, MD
TITLE: CORONER/ME
CERTIFIER ADDRESS: 325 9TH AVENUE #359792 MEDICAL EXAMINER
CITY, STATE, ZIP: SEATTLE, WA 98104
DATE SIGNED: MAY 15, 2018

CASE REFERRED TO ME/CORONER: NO
FILE NUMBER: [REDACTED]
ATTENDING PHYSICIAN: NOT APPLICABLE

LOCAL DEPUTY REGISTRAR: DIANE BOGAN
DATE RECEIVED: MAY 22, 2018